

**STATE OF LOUISIANA  
OFFICE OF CONSERVATION  
GAS WELL DELIVERABILITY TEST**

**DISTRICT** \_\_\_\_\_

**FIELD** \_\_\_\_\_

**PARISH** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

**COMPANY AGENT**

OPERATOR \_\_\_\_\_ CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PURCHASER \_\_\_\_\_  
\_\_\_\_\_  
PAGE \_\_\_\_\_ OF \_\_\_\_\_  
TITLE \_\_\_\_\_

<b>INPUT TYPE</b>	<b>DT 1 (1-78)</b>
<input type="checkbox"/> <b>1</b>	<b>OC ONLY</b>
<input type="checkbox"/> <b>2</b>	<b>ORIGINAL</b>
<input type="checkbox"/> <b>3</b>	<b>CORRECTION</b>
<b>REPORT DATE</b>	
	_____
	<b>MO.</b>
	_____
	<b>YEAR</b>

[illegible]